



MedHealth Review, Inc.
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Amended Decision

X

Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

X.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

X.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the records provided, there was documentation of the injured worker having a lower back / lumbar problem and listed diagnosis included lumbar spondylosis and chronic pain syndrome. There was also documentation of the injured worker having undergone previous X. There was also documentation that the injured worker localized the pain to the right region of his low back which is exacerbated by transfers, bending over, and ambulation. Physical exam revealed X and otherwise physical exam was unremarkable. The assessment included lumbar spondylosis with chronic back pain status post work related injury with the plan to X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Official Disability Guidelines- Treatment for Worker's Compensation, Online Edition, Chapter:X

Per evidence-based guidelines, and the records submitted, this request is non-certified.

With very minimal positive physical exam findings of only a X, no other abnormalities listed, and no mention of X. There was also X. Also, while there was documentation of X. Therefore, given these circumstances and guidelines, this request for X is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**

**ODG- OFFICIAL DISABILITY GUIDELINES
& TREATMENT GUIDELINES**

**PRESSLEY REED, THE MEDICAL
DISABILITY ADVISOR**

**TEXAS GUIDELINES FOR
CHIROPRACTIC QUALITY ASSURANCE &
PRACTICE PARAMETERS**

TMF SCREENING CRITERIA MANUAL

**PEER REVIEWED NATIONALLY
ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**

**OTHER EVIDENCE BASED,
SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A
DESCRIPTION)**